



Free And Reduced Price School Meals Application and Verification Forms

Sources:

- USDA Regulation 7 CFR 245.6
- Eligibility Manual for School Meals
(January 2008)
- Reauthorization Policy Updates 2010

What are the USDA required elements for the Free and Reduced Price School Meals Application and Verification Forms Packet?

EFFECTIVE 4-1-2011

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION AND VERIFICATION FORMS

School Year 2011-2012

Instructions for School Food Authorities (SFAs)

This packet contains:

Required information that must be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application
- Notice of Direct Certification Benefits (based on data received from Direct Certification/Verification System)
- Notice to Households of Approval/Denial of Benefits¹ (notification is required if household is denied)

Required information for households selected for verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results

Optional application-related materials that may be provided to households:

- Sharing Information with Medicaid/SCHIP
- Sharing Information with Other Programs
- Notice to Households of Approval/Denial of Benefits¹ (notification is optional if household is approved)

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. **[Bold bracketed fields]** indicate where you need to insert School Food Authority (SFA) specific information. For example, you must include your SFA's no-charge telephone number for verification assistance on the verification materials. This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your SFA, please modify as appropriate.

All application packages with or without additional changes, must be submitted to your State agency for approval. If you have questions, contact:

NC Department of Public Instruction
Child Nutrition Services
301 N. Wilmington Street
6324 Mail Service Center
Raleigh, NC 27699-6324
(919) 807-3506

¹All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal, and a statement that the family may re-apply for free and reduced price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or orally. Oral notification must be documented.

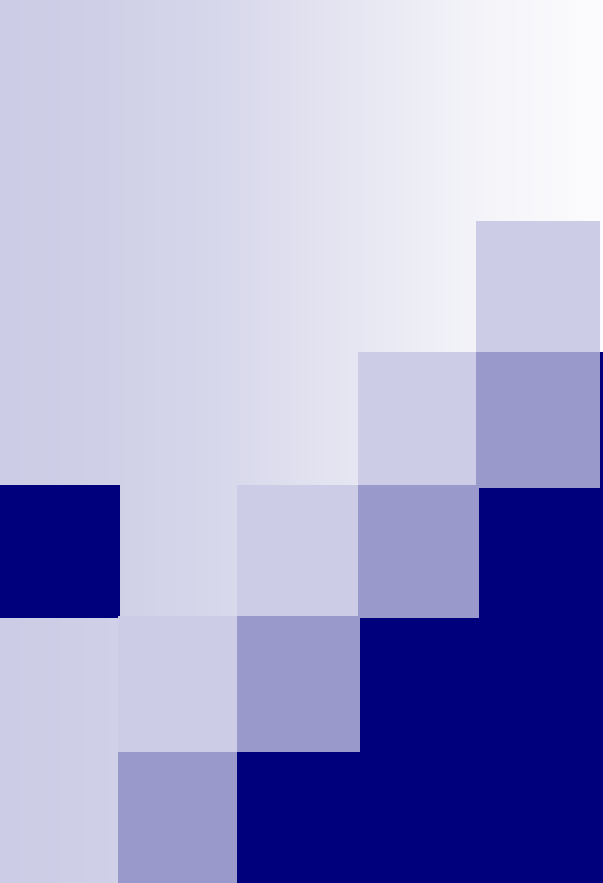
Benefits of this Training

- Quicker turnaround approval of F&R Price School Meal Application and Verification Forms (DPI)
- Earlier submission of F&R Price School Meal Application and Verification Forms to printers



Application Materials

- Design of Application and Related Materials
- Foreign Language Translations
- Informing Households
- Household Applications
- Electronic Applications/Scanning Paper Applications
- Contents of the Application



Design of the Application and Related Materials

Application Design

- Household Application
- Clear and simple in design
- Information limited to determine eligibility
- Any communication with households for eligibility determination must be in an understandable and uniform format



Foreign Language Translations

Foreign Language Translations

- Application must be in a language that parents and guardians can understand.
 - Foreign language applications:
<http://www.fns.usda.gov/cnd/FRP/frp.process.htm>
- School Food Authorities (SFAs) are encouraged to provided assistance.

Informing Households



Informing the Households

Letters to Households:

- Letter must be distributed at beginning of school year to all households informing them of school nutrition programs available and that meals may be available at free or reduced price or that milk may be available free
- Paper applications and materials must be available
- Sent no earlier than 4 weeks prior to start of school

Informing the Households con't

Letters to Households:

- Year round schools (only) may distribute letters in June
- Cannot send application packets home at the end of school year for the next school year
- Cannot accept and process applications prior to July 1 (except year round)

Informing the Households con't

Late Enrollments

- Free and Reduced Application, Letter and materials must be provided to students that enroll after the start of school

Paper-Based Application Process

- All **must** include application form and instructions with the letter

Informing the Households con't

Computer or Web-based application process

- If SFA uses computer or web-based system, letter **must** inform household how to access system, and how to obtain and submit a paper application.
- May include telephone number or a form to return requesting a paper application.

Informing the Households con't

Contents of Information Letter

- Income Eligibility Guidelines

NSLP or SBP only include reduced price guidelines with explanation

- SMP w/Free Option - Free guidelines must be included
- NSLP/SBP & SMP w/Free Option for Split-Session Kindergarten, both sets of guidelines must be included

- Instructions on how to apply

- Explanation – benefits cannot be approved unless it contains complete eligibility information as indicated on the application and instructions

Informing the Households con't

■ Contents of Information Letter con't

- Food and Nutrition Services (FNS, formerly the Food Stamp Program), FDPIR & TANF Explanation
- Head Start/Even Start/Migrant Education/Homeless/Runaway Explanation
- Verification Statement
- Application for Benefits anytime during School Year Statement
- Unemployment Statement

Informing the Households con't

■ Contents of Information Letter con't

- WIC Statement
- Appeals explanation
- Non-Discrimination Statement

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

- School Food Authority (SFA) contact information



Household Applications



Household Applications

- SFAs must provide household applications to families
- SFA cannot require separate applications for households with some categorical eligibility and some who are applying based on household income

Household Applications con't

- In lieu of individual applications SFA may accept list from the court or agency responsible for placing the foster children.
- Reference Policy Memo SP 17-2011, CACFP 08-2011, SFSP 05-2011 **Child Nutrition Reauthorization 2010: Categorical Eligibility of Foster Children (revised)**

Household Applications con't

Foster Children - Court or Agency List must provide:

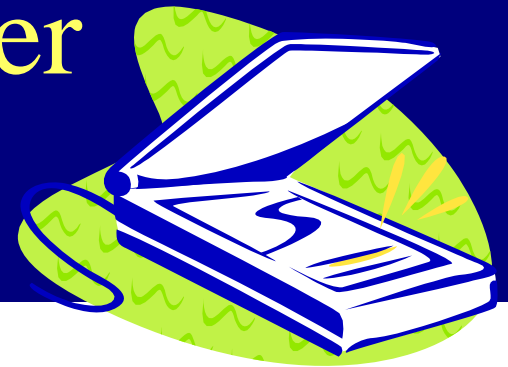
- Child's name
- List must be signed by appropriate official with title and contact information (example: DSS or private agency). This will certify the documentation from a reliable source.

Household Applications con't

Exemptions to Household Applications – RCCIs

- Child residing in an RCCI needs either an application for each student or an eligibility documentation sheet .
 - Must contain child's name, personal income and signed by the appropriate official with title and contact information
- Children attending, but not residing in an RCCI are considered members of their household and their eligibility is determined by using household application or through direct certification.

Electronic Applications/ Scanning Paper Applications



Electronic Availability

Internet

- SFA may make the application and supporting materials available via the internet.
- Descriptive materials may also be made available electronically
- In addition to paper form, SFAs may establish a system for executing household applications electronically and using electronic signatures
- Electronic system must comply with the disclosure requirements and with technical assistance and guidance provided by FNS
- Please refer to the eligibility guidance manual [Appendix E \(pages 95-106\)](#) or SP 10-2007
- **If you wish to use electronic applications you must notify the NCDPI office at the time the application is submitted for approval.**

Electronic Availability

Scanned Applications

- SFA may scan paper applications submitted.
- Scanning process must meet all regulatory requirements, ex. Software/scanner system must be able to recognize and accept less than whole dollar amounts

Electronic Availability

Note:

USDA and FNS and State Agencies do not evaluate, recommend, approve or endorse any software used for certification or verification purposes. There are no Federal or State specifications for software vendors. SFAs are responsible for assuring that the certification and verification processes meet all regulatory requirements and policies. Therefore, if software is used to perform any part of the certification or verification process the SFA must assure the software used is performing correctly and meets all requirements.



Contents of the Application

Contents of the Application

Application must include:

- Privacy Act Statement
- Statement explaining the protections of the Privacy Act which address the following:
- Disclosure of Social Security Number (SSN) is voluntary; however, the last four digits of the SSN or indication of none is required for approval of application.
- Reference: Policy Memo SP 19-2011, CACFP 09-2011, SFSP 06- 2011 Child Nutrition Reauthorization 2010: Privacy Protection and the Use of Social Security Numbers in Child Nutrition Programs.

Contents of the Application con't

Attesting statement **must** be **directly above** the signature block (*other statements may be located in other areas on the application*)

Certifying that:

- the person signing is furnishing true information and to advise that person that the application is being made in connection with the receipt of federal funds.
- School officials may verify the information on the application
- Deliberate misrepresentation of the information may subject the applicant to prosecution under state and federal statutes; and
- the Privacy Act statement OR a reference to the Privacy Act statement and where the complete statement can be found in the application materials

Contents of the Application con't

Addressing Categorical Eligibility and Income Eligibility

- Application must provide separate space for a member of Food and Nutrition Services (FNS, formerly the Food Stamp Program), FDPIR or TANF households to list the family members name and case number (FSIS, TANF/Work First)
- Children who are members of the FNS, FDPIR or TANF household **must** be given the opportunity to apply under categorical eligibility criteria.

Contents of the Application con't

Use of Application for Other Purposes

A school or SFA wishing to require income information for purposes other than NSLP, SBP, SMP eligibility determination must obtain that information through means other than the household's application for F&R price school meal benefits.

Required Income Information

- Information requested on the application with respect to the current income of the household must be limited to: Income received by each member identified by the household member who received that income, **or indication of no income**, and the following are the sources of income...

Required Income Information

Source of income

- a. Earnings
- b. Wages
- c. Welfare
- d. Pensions
- e. Support Payments
- f. Unemployment compensation
- e. Social security
- f. Other cash income
(includes cash amounts received or withdrawn from any source, i.e., savings, investments, trust accounts, and other resources available to pay for a child's meals or milk)

Adult Member's Signature

- Application must be signed by an adult member of the family
- Application must contain clear instructions with respect to the submission of the completed application to SFA
- Household must be permitted to file an application at any time during the school year
- Household may report any changes in income, household size or program participation when student benefits would increase; otherwise, the application is approved for the entire school year.

Attesting to Information on the Application

- Application must include a statement, immediately above the space for signature:
- ...that the person signing the application certifies that all information furnished in the application is true and correct
- ...that the application is being made in connection with the receipt of Federal funds
- ...that school officials may verify the information on the application, and
- ...that deliberate misrepresentation of the information may subject the applicant to prosecution under applicable State and Federal criminal statutes
- Racial and ethnic identity

Direct Certification

- Contact NCDPI for the website and access to the Direct Certification information for your SFA.
- Direct Certification is required for all sponsors.
- Access of this information is confidential and shall be used solely for the purpose of determining the child's eligibility.
- If possible this data should be no older than four calendar weeks prior to the start of each SFA's school year. This would be consistent with the timeframe for distributing applications.
- This process is available daily with NCDPI.

Direct Certification

You must notify the households that:

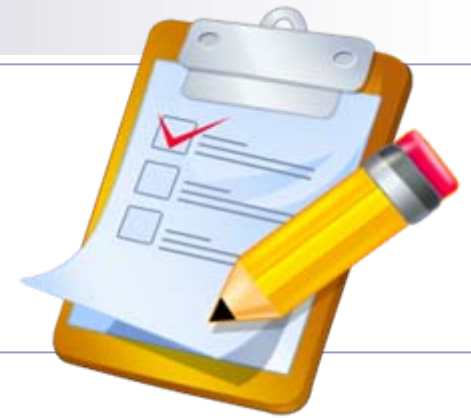
- Child is eligible for free benefits;
- No further application is necessary; and
- How to notify the SFA if it does not want free benefits for directly certified children. (This information may be included in the notice the FNS, TANF, or FDPIR office provides the household to present to the school.)

Check List Requirements



- Parent Letter
- Instructions for applying
- Free and Reduced Price School Meals Family Application
- Income Guidelines
- Privacy Act Statement
- Non-Discrimination Statement
- Sharing Information with Medicaid/SCHIP (has to go in packet to parent, but is optional for parent to complete and return).

Check List Requirements



- Sharing Information with other programs
(optional)
- Other Items required:
 - Parent Notification Letter
 - Direct Certification Letter
- Verification Selection Letter
“We Must Check Your Application”
- Verification Results Letter
“We Have Checked Your Application”

Parent Letter

- Insert Letterhead from the School Food Authority (SFA)
- All information requested in the **[bold bracketed]** fields must be accurately completed, except the FNS, TANF parts (*see template*)
- This information should be pertinent to your specific SFA
- The price for a reduced breakfast cannot exceed \$.30 and the price for a reduced lunch cannot exceed \$.40.

Parent Letter

[INSERT SFA LETTERHEAD]

Dear Parent/Guardian:

Children need healthy meals to learn. [Name of School] offers healthy meals every school day. Breakfast costs \$[]; lunch costs \$[]. Your children may qualify for free meals or for reduced price meals. Reduced price is \$[] for breakfast and \$[] for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: [name, address, phone number].
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Food and Nutrition Services, formerly known as The Food Stamp Program, the Food Distribution Program on Indian Reservations or TANF/WoK First can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail [school, homeless liaison or migrant coordinator information] to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at [phone number] if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: [name, address, phone number, e-mail].
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are

economically independent (for example, people who do not support, who do not share income with you or your children, and who pay a prorated share of expenses), do not include them.

14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? No, if you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. My spouse is deployed to a combat zone. Is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food and Nutrition Services, formerly known as The Food Stamp Program or other assistance benefits, contact your local assistance office or call The Careline phone number (1-800-662-7030).

If you have other questions or need help, call [phone number].

Si necesita ayuda, por favor llame al teléfono: [phone number].

Si vous voudriez d'aide, contactez nous au numéro: [phone number].

Sincerely,

[signature]

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food and Nutrition Services (FNS, formerly known as the Food Stamp Program), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly, in accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9952 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Parent Letter con't

- However, may not contain:
 - A statement that the parent is responsible for charges while the application is being processed (30 day carry over status from previous school year)
 - If SFA decides to encourage parents to return applications in a shorter frame a written letter to NCDPI is required guaranteeing that 30 operating days are given for free or reduced applications processed from the previous school year

Parent Letter con't

- Must contain all 17 questions
 - Questions 1, 4, 6, and 11 contain **[bold bracketed]** information that must be filled in completely by the SFA as well as the phone numbers and the signature at the end of the page.
 - The Privacy Act Statement and Non-discrimination statement are included on the parent letter.

Instructions for Applying

■ 4 sets of instructions

- Food and Nutrition (FNS, formerly the Food Stamp Program)
- Students that are Homeless, Migrant or Runaway,
 - Bold bracketed information required to be completed
- Foster Children (2 sets of Instructions)
- All other households

INSTRUCTIONS FOR APPLYING
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

If your household receives benefits from the Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), FDIIR, or gets TANF/Work First, follow these instructions:

Part 1: List children's name, school name, and grade.
Part 2: List the name and case number for any household member receiving FNS, FDIIR and TANF/Work First. Note: The EBT Card number is not acceptable. If you are unsure of your Food and Nutrition Services (FNS, formerly known as the Food Stamp Program) Case number, contact your local Department of Social Services to get the number.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question, if you choose.

If no one in your household receives benefits from the Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), FDIIR, or gets TANF/Work First, and if any child in your household is **homeless, migrant or runaway**, follow these instructions:

Part 1: List children's name, school name, and grade.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator].
Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for HE Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.
Part 6: Answer this question, if you choose.

If you are applying for a foster child, follow these instructions:

Foster children in the household are foster children:
Part 1: List children's name, school name, and grade and check the box indicating that the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question, if you choose.

If some of the children in the household are foster children:
Part 1: List children's name, school name, and grade and check the box indicating that the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month:

- Box 1-Name: List all household member names.
- Box 2-Gross income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans' benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from FNS, FDIIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Box 3-Check if no income: If the person does not have any income, check the box.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she doesn't have one).

Part 6: Answer this question, if you choose

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade and check foster child, if applicable.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month:

- Box 1-Name: List all household member names.
- Box 2-Gross income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans' benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from FNS, FDIIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Box 3-Check if no income: If the person does not have any income, check the box.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she doesn't have one).

Part 6: Answer this question, if you choose

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School including foster children

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Foster Child (Check if the child is considered as a legal responsibility of welfare agency or court. NOTE: If all children listed are foster children, skip to Part 5.)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. Benefits

If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp program), FDIR or TANF/Waiver First, provide the name and case number for the person who receives benefits and **SKIP to Part 5. If no one receives these benefits, SKIP to Part 3.**

Name: _____ Case Number: _____

Part 3. Homeless, Migrant, Runaway Children

If the child you are applying for is homeless, migrant, runaway check the appropriate box and call your school, homeless liaison, migrant coordinator at phone # _____
 Homeless ☐ Migrant ☐ Runaway ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List the names of EVERYONE in household including the students listed above) (Example) Jane Smith	2. Gross income and how often it was received. (Use exact income including cents.) (Example: \$100.12 per month \$100.88 twice a month \$100.23 every other week \$100.00 per week)	3. Check if NO income			
	Earnings from work before deductions	Welfare child support, alimony	Pensions, retirement, Social Security/SSVIA Benefits	All Other Income	
\$200.50 per week	\$100.75 per week	\$100.65 per month	\$75.00 per month		<input type="checkbox"/>
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____		<input type="checkbox"/>
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____		<input type="checkbox"/>
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____		<input type="checkbox"/>
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____		<input type="checkbox"/>
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____		<input type="checkbox"/>
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____		<input type="checkbox"/>
\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____		<input type="checkbox"/>

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the I do not have a Social Security Number box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name _____ Date _____
 Address _____ City _____ State _____ Zip _____ Phone Number _____

Last four digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: ☐ Hispanic/Latino ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American
☐ Not Hispanic/Latino ☐ White ☐ Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility Free: ☐ Reduced: ☐ Denied: _____ Reason: _____
 Temporary Free: ☐ Reduced: _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

Free and Reduced Price School Meals Family Application

Part 1. Children in School Including Foster Child

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School including foster children

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Foster Child (Check if the child is considered as a legal responsibility of welfare agency or court) NOTE: If all children listed are foster children, skip to Part 5.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Free and Reduced Price School Meals Family Application

Part 2. Benefits

			<input type="checkbox"/>	
Part 2. Benefits				
If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp program), FDPIR or TANF/Work First, provide the name and case number for the person who receives benefits and SKIP to Part 5. If no one receives these benefits, SKIP to Part 3.				
Name: _____ Case Number: _____				

Free and Reduced Price School Meals Family Application

Part 3. Homeless, Migrant, Runaway Children

Part 3. Homeless, Migrant, Runaway Children

If the child you are applying for is homeless, migrant, runaway check the appropriate box and call **[your school, homeless liaison, migrant coordinator at phone #]**

Homeless ☐ Migrant ☐ Runaway ☐

Part 4. Total Household Gross Income

[illegible]

Free and Reduced Price School Meals Family Application

Part 5. Children in School Including Foster Child

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ City _____ State _____ Zip _____ Phone Number: _____

Last four digits of Social Security Number: ***-**-____ ☐ I do not have a Social Security Number

Free and Reduced Price School Meals Family Application

Part 6. Children's Ethnic and Racial Identities (optional)

Part 6. Children's ethnic and racial identities (optional)		
<u>Choose one ethnicity:</u>		<u>Choose one or more (regardless of ethnicity):</u>
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander

Free and Reduced Price School Meals Family Application

For School Use Only Section

Don't fill out this part. This is for school use only.

Annual Income Conversion: **Weekly x 52,** **Every 2 Weeks x 26,** **Twice A Month x 24,** **Monthly x 12**
Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____
Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

Income Eligibility Guidelines

- Use Reduced rates only in the application for NSLP
- 2011-2012 Published on March 29, 2011

FEDERAL INCOME CHART					
Effective For School Year July 1, 2011- June 30, 2012					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional person:	7,067	589	295	272	136

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Free and Reduced Price School Meals Family Application

- Income Eligibility Guidelines (if applicable)
- Privacy Act Statement*
- Non-Discrimination Statement*

*(will need to appear on application even if guidelines are not included)

Sharing Information with Medicaid/SCHIP

- This form must be included in the packet to the household but is optional for the parent to complete and return.
- Be sure to insert pertinent information in the **[bold bracketed]** section

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

☐ No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call [name] at [phone] or e-mail at [e-mail address].

Return this form to: [address] by [date].

Sharing Information with Other Programs

- Optional form (only if you have other programs, (example, PSAT))
- Be sure to insert pertinent information in the **[bold bracketed]** section
- List the specific name of the program that the information can be shared with

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

☐ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

Parent Notification Letter

(Notice to Households of Approval/Denial of Benefits)

- Fill in all **[bold bracketed]** information
- Use Correct Non-Discrimination Statement

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren):

Your application was:

☐ Approved for free meals

☐ Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks

☐ Denied for the following reason(s):

☐ Income over the allowable amount

☐ Incomplete application because _____

☐ Other _____

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Sincerely,

[signature]

Name Title Date

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-4538 or (800) 845-6138 (Spanish). USDA is an equal opportunity provider and employer."

Direct Certification

- Fill in all **[bold bracketed]** information

- Correct Non-Discrimination Statement

NOTICE OF DIRECT CERTIFICATION

[School Food Authority Name]
Street Address
City, State, Zip
or Letterhead]

Dear Parent /Guardian,

The student(s) identified below is automatically approved for free school meals based on his or her eligibility for Food and Nutrition Services (FNS), formerly known as Food Stamp) or Temporary Assistance to Needy Families (TANF) benefits. You are not required to complete an application for Free/Reduced Price Meals for these Children.

Name of Student(s)	Date of Birth	School

IF YOU HAVE A CHILD ENROLLED IN SCHOOL WHO IS NOT LISTED ABOVE, YOU MUST CONTACT THE SCHOOL IMMEDIATELY AT THE NUMBER SHOWN BELOW TO ENSURE YOUR CHILD RECEIVES FREE MEALS.

The free meal benefits for the student(s) will begin the first day of school.

If there are other children living in your household that are enrolled in [Insert LEA Name] schools and are not listed above please contact the Child Nutrition Office immediately [Insert LEA Phone Number] because these children may be eligible for free meals at school.

If you **DO NOT** want your child to receive the free meal benefits, please check the space below and mail this letter back to:

Child Nutrition Services
[Mailing Address]
[City, State, Zip]

_____ I do not want my child(ren) listed above to receive free meals.

You may also call the Child Nutrition Office at [Insert LEA Phone Number] to notify the school that you do not want your child to receive free meal benefits.

Parent/Guardian Signature: _____

Important Message to Parents: Most students that are eligible for Free school meals also qualify for one of NC's child health insurance programs: Health Check (Medicaid for Children) or NC Health Choice. For more information and to find out how to apply for health insurance benefits for your child(ren), go to: www.NCHealthyStart.org. You can also go to your local department of social services to apply in person.

Sincerely,

[signature]
[Name of Child Nutrition Administrator]

Non-Discrimination Statement: This document is to be used by you to receive free school meals. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Education, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call toll free (800) 543-3944 (TDD). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. or (202) 690-9138 (TDD). USDA is an equal opportunity provider and employer.

Verification Letter – Notification

(We Must Check Your Application)

- Fill in the **[bold bracketed]** sections
- Ensure that the correct version of the Privacy Act statement is included
- Include Non-Discrimination Statement

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact **[name]** by **[date]**, or your children will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)]****[is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM Food and Nutrition Services, Formerly The Food Stamp Program, OR TANF/Work First WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- Food and Nutrition Services, Formerly The Food Stamp Program or TANF/Work First Certification Notice that shows dates of certification.
- Letter from Food and Nutrition Services, Formerly The Food Stamp Program or TANF/Work First office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT [SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR] FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES Food and Nutrition Services (FNS, formerly the Food Stamp Program or TANF/Work First or FDIPIR benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, how much was received, and how often it was received. Send information to: **[address]**

Acceptable papers include:

JOB: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the TANF/Work First office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

Verification Letter – Notification

(We Must Check Your Application) – Page 2

- Fill in the **[bold bracketed]** sections
- Ensure that the correct version of the Privacy Act statement is included
- Include Non-Discrimination Statement

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call [name] at [phone number]. The call is free, [Toll free or reverse charge explanation]. You may also e-mail us at [e-mail address].

Sincerely,

[signature]

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Verification Letter – Results

(We Have Checked Your Application)

- Fill in the **[bold bracketed]** sections
- Include Non-Discrimination Statement

WE HAVE CHECKED YOUR APPLICATION

School: _____

Date: _____

Dear _____:

We checked the information you sent us to prove that [name(s) of child(ren)] are eligible for free or reduced price meals and have decided that:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting [date], your child(ren)'s eligibility for meals will be changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting [date], your child(ren)'s eligibility for meals will be changed from free to reduced price because your income is over the limit. Reduced price meals cost [\$] for lunch and [\$] for breakfast.

☐ Starting [date], your child(ren) is/are no longer eligible for free or reduced price meals for the following reason(s):

____ Records show that no one in your household received Food and Nutrition Services, formerly The Food Stamp Program or TANF/Work First benefits.

____ Records show that the child(ren) is/are not homeless, runaway, foster child(ren) or migrant.

____ Your income is over the limit for free or reduced price meals.

____ You did not provide: _____

____ You did not respond to our request.

Meals cost [\$] for lunch and [\$] for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received FNS, TANF/Work First or FDIIR benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [name] at [phone]. You also have the right to a fair hearing. If you request a hearing by [date], your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [name], [address], [phone number], or [e-mail].

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-8992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Successful Completion



Questions and Answers

